

Notice: Release of Part I of II Renewal Application for TH, SH, and PH Projects in the FY2015 HUD CoC Competition, March 18, 2015.

Background:

Salt Lake County Government is the Collaborative Applicant for the Salt Lake and Tooele Counties' HUD Continuum of Care funding application. In compliance with HUD requirements, all projects are reviewed, ranked, and prioritized by a local Prioritization Committee.

For the FY2015 HUD CoC grant competition, TH, SH, and PH renewal projects, are hereby notified that the project application will be a two part process; Part I: Local Application and Part II: HUD (ESNAPS) Application. This notice contains forms and requirements pertaining to Part I: Local Application for TH, SH, and PH renewal projects.

Instructions:

Part I: Local Application has multiple required parts (detailed below under "Application Checklist").

On the form, please limit your response to the space provided. If you need additional room for a response, please include it in your cover letter.

Application Checklist:

- 1) Form
- 2) Budget Worksheet
- 3) On-site visit (please see page 2 of this document for requirements and description)
- 4) Cover letter on agency letterhead signed by Executive Director; no more than 1 page

- 5) Copy of HUD APR response letter
- 6) Copy of most recent APR submitted to HUD
- 7) Copy of the management letter from your most recent independent financial audit
- 8) Copy of agency's accounting policy and procedures
- 9) Copy of program's eligibility and termination policies and procedures

Deadline:

Application is due by COB on Thursday, April 9, 2015. Please note that only complete, accurate and timely applications will be accepted.

For submission: please send via email to ksteadman@slco.org and vwalton@slco.org with the Subject Line: Agency Name, Project Name. Please include a total of 9 attachments titled in the following manner: checklist number and name, Agency acronym, and Project Name. For example: "1 SLCO Project Name."

Applicant General Information	
Applicant Agency Name and Address	Click here to enter text.
Project Name and Operating year:	Click here to enter text.
Project Contact Name:	Click here to enter text.
Project Contact Email:	Click here to enter text.
Project Contact Phone:	Click here to enter text.
Secondary Contact Name:	Click here to enter text.
Secondary Contact Email:	Click here to enter text.
Secondary Contact Phone:	Click here to enter text.

Project Narrative Description: Projects must describe the 1) community needs, 2) target population(s) to be served 3) project plan for addressing the identified housing and supportive service needs 4) projected project outcome(s), 5) coordination with other source(s)/partner(s), and the 6) reason why CoC Program support is required. *Reference 3b. from your FY2014 ESNAPS application.*

HUD Priorities and Goals	
What is the component type of the project? TH, SH, PH-RRH, or PH-PSH.	Click here to enter text.
If the project is PH, does it adhere to the Housing First model as identified on the USICH Housing First Quick Screen checklist (blue box on page 2 of document)?	Click here to enter text.
Does the project target (75% or more) chronically homeless? If so, are program participants pulled through the Community Triage process?	Click here to enter text.
Does the project target (75% or more): <ul style="list-style-type: none"> • people with substance abuse issues OR • homeless youth ages 18 -24 OR • domestic violence survivors 	Click here to enter text.
A HUD Policy Priority is removing barriers to resources. Please describe your programs eligibility and tenancy requirements.	Click here to enter text.

Database	
For non-DV providers, does the APR meet the HMIS Data Quality Plan outlined in Section 7.C. of the Utah HMIS SOP ?	Click here to enter text.
For DV providers, does your agency maintain a comparable database to track universal and program data element standards and the program APR meets the standards outlined in Section 7.C. of the Utah HMIS SOP ?	Click here to enter text.

Performance –Refer to most recently submitted HUD APR	
<p>What are the average utilization rates for your program?</p> <p><i>(Reference: Q10 and Q11 on APR.</i></p> <p><i>For Bed Utilization Rate: Average the four Point in Time bed utilization rates</i></p> <p><i>For Unit Utilization Rate: Average the four Point in Time unit utilization rates)</i></p>	<p>Bed Utilization Rate: Click here to enter text.</p> <p>Unit Utilization Rate: Click here to enter text.</p>
<p>What percent of adults have a disabling condition (stayers and leavers)?</p> <p><i>(Reference: Q22a2 and Q22b2 on APR)</i></p>	<p>Click here to enter text.</p>
<p>What percent of households enter from shelter of place not meant for human habitation?</p> <p><i>(Reference: Q20a1 on APR. Divide subtotal Emergency Shelter and Streets by Total of Households Served on Q.9.)</i></p>	<p>Click here to enter text.</p>
<p>What percent of households are exiting to permanent housing (leavers)?</p> <p><i>(Reference: Q29a1 and Q29a2 on APR. Divide subtotal of those exiting to Permanent Destinations by total leavers)</i></p>	<p>Click here to enter text.</p>
<p>What percent of adults gained or increased income from entry to follow-up/exit?</p> <p><i>(Reference Q24b3. Row Name: Number of Adults with Earned Income, Column Name: Performance Measures: Adults who Gained or Increased Income from Entry to Followup/Exit divided by number of adults in program from Q7)</i></p>	<p>Click here to enter text.</p>
<p>What percent of participants (adults and children) have one or more sources of non-cash benefits?</p> <p><i>(Reference: Q26a2 and Q26b2 on APR and Q7. Add Adults with 1+ Sources from Q26a2 and Q26b2. Divide by number of clients in program from Q7.</i></p>	<p>Click here to enter text.</p>

Budget	
How much is the project requesting in HUD CoC dollars?	Click here to enter text.
What are HUD CoC dollars being used for? Please fill in attached budget worksheet.	Click here to enter text.
What percent of HUD CoC dollars are being used for supportive services?	Click here to enter text.
On your most recent APR, did the HUD response identify any concerns with project expenditure or draw down rate?	Click here to enter text.
What is the project cost per household for HUD CoC dollars? (Total Requested HUD CoC dollar/Number of households served during year.)	Click here to enter text.

Agency Experience	
Does your agency have recent experience (within the last three years) with government grants which assist households experiencing homelessness. Please list source, project, and amount of funding received.	Click here to enter text.
Were there any findings or concerns on your agency's most recent independent financial audit?	Click here to enter text.
Please submit a copy of your agency's accounting policies and procedures for review.	Click here to enter text.
What is your agency's annual budget?	Click here to enter text.

Continuum of Care Responsibilities	
Did your agency follow CoC policy and submit the projects draft APR within 30 days of the end of the operating year to HMIS for review? And to Salt Lake County within 60 days of the end of the operating year for review? Please state date of end of operating year and date of submission to HMIS, SL County and HUD.	Click here to enter text.
Did your agency submit accurate and timely information for the HIC, PIT, GIW, and AHAR?	Click here to enter text.
How does your agency meet the HUD CoC requirement of homeless or formerly homeless individuals' participation on agency governing board?	Click here to enter text.
Please submit a copy of your program policies and procedures for eligibility and termination.	Click here to enter text.
Has your agency's Executive Director been briefed on the following HUD documents: <ul style="list-style-type: none"> • HUD System Performance Measures • HUD Notice on Prioritization • HUD Brief on Coordinated Entry 	Click here to enter text.
Have your program's front line staff been briefed on the following HUD documents: <ul style="list-style-type: none"> • HUD System Performance Measures • HUD Notice on Prioritization • HUD Brief on Coordinated Entry 	Click here to enter text.

Budget Worksheet: Click on the budget table TWICE to fill in data.

Agency Name				
Project Name				
Cost Category	HUD Request	Matching Funds	Leverage	Total Project Cost
Housing Assistance				
Leasing				0
Rental Assistance				0
Total Housing Assistance	0	0		0
Operations				
Maintenance/Repair				0
Property Taxes and Insurance				0
Replacement Reserve				0
Building Security				0
Electricity, Gas, and Water				0
Furniture				0
Equipment (lease, buy)				0
Total Operations	0	0		0
Supportive Services				
Assessment of Service Needs				0
Assistance with Moving Costs				0
Case Management				0
Child Care				0
Education Services				0
Employment Assistance				0
Food				0
Housing/Counseling Services				0
Legal Services				0
Life Skills				0
Mental Health Services				0
Outpatient Health Services				0
Outreach Services				0
Substance Abuse Treatment Services				0
Transportation				0
Utility Deposits				0
Total Supportive Services	0	0		0
Total Program Costs	0	0		0
Administration (NTE 7% of Total Program Costs)				0
Project Totals	0	0	0	0
% of HUD CoC Dollars for Services:				
#DIV/0!				

On-site Visit Instructions:

On-site visit must be held prior to April 2, 2015. Appointments are available T, W, and TH mid-morning through mid-afternoon. Please schedule appointment by emailing vwalton@slco.org.

SL County will conduct a review of Chronically Homeless/Homeless documentation for the agency's HUD CoC Program. The results of the will become part of the agency's Renewal HUD CoC application. **Only one HUD CoC Program will be monitored from each Agency.** A similar visit will be conducted at all agencies applying for Renewal funding in the FY2015 HUD CoC competition.

Scope of Visit:

1. Does the client hard file contain proper eligibility documentation to meet the HUD Chronically Homeless/Homeless criteria for:
 - Prior residence
 - Length/episodes of homelessness (Chronic Only)
 - Disabling Condition (PSH Only)

2. Does the client database (HMIS for non-DV providers or comparable database for DV providers) match the information documented in the client hard file for:
 - Prior residence
 - Disabling condition (PSH Only)

Visit Agenda:

- 1) Agency will provide client list; SL County will select sampling of names (5 minutes)
- 2) Agency will provide requested hard copy files (5 minutes)
- 3) SL County will review hard files for CH/Homeless documentation (20 minutes)
- 4) Agency and SL County will review electronic file data related to CH/Homeless documentation (10 minutes)*
- 5) SL County will draft initial summary (10 minutes)
- 6) Joint meeting to review initial summary (10 minutes)

Visit Needs:

- 1) A work area to conduct the file review
- 2) An agency employee who can provide hard copy client files
- 3) An agency employee with an HMIS login (or Comparable Database, DV Providers)
- 4) Access to an internet connected computer; only needed for item 4 on the visit agenda